Quick Reference Medicaid Eligibility

Elderly, Blind and Disabled Categories (AABD)

D	Income Limit		Income	D I insit	Freshold of Free December	Counted Toward Decourse Limit	Other Depuisements
Program	Income Limit	Caumla	Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
SSI DHS does not determine eligibility for this category. Individuals who qualify for SSI automatically receive Medicaid.	\$674	Couple \$1,011	\$20 General exclusion applied to unearned income first \$65.00 + ½ of remainder of monthly earned income.	Individual \$2000 Couple \$3000	A home 1 car excluded if under \$4500, if over \$4500, excluded if used for getting to doctor or work or is disability equipped. 2nd car excluded if used for self-employment in a trade or business. Some non-home income producing properties Life insurance without a cash surrender value Burial spaces Irrevocable burial arrangements	Cash on hand and in bank (less income received that month) Stocks and bonds Real property other than the home Personal property Life insurance with a cash surrender value if face value is over \$1500 Revocable burial funds (less \$1500 exclusion per spouse if \$1500 exclusion is not used through application of other burial arrangements)	Elderly blind or disabled. Elderly is defined as age 65 or older SSI recipient
Spend Down	\$108.33 If income exceeds limit, deduct medical bills	\$216.66 If income exceeds limit, deduct medical bills	Same as SSI	Same as SSI	Same as SSI	Same as SSI	Must re-enroll for spend down every three months. The spend down will be set up for a fixed period of time, not to exceed 3 months
Medicare Savings Beneficiaries			Same as SSI	Individual \$6,680 Couple \$10,020	Same as SSI	Same as SSI	Medicare beneficiary Age 65 or older, blind or disabled
ARSeniors (Provides Full Medicaid) QMB (Pays Part B premiums, deductibles	\$722.00 \$902.50	\$971.34 \$1,214.17					ARSeniors is only for individuals age 65 or older
& copays) SMB (Pays Part B premium)	\$1,083.00	\$1,457.00					
QI-1 (Pays Part B premium)	\$1,218.38	\$1,639.13					
Long Term Care, Assisted Living, ElderChoices, Alternatives. DDS Waiver	\$2,022.00 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except When one spouse is institutionalized, the other can keep between \$21,912 and \$109,560 based on a formula.	Same as SSI	Medical necessity

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					,
Working Disabled	\$2,256.25 AND Net unear cannot exceed		SSI exclusions and disregards. Income of spouse and children not counted.	Individual \$4000 Couple \$6000 add \$200 for each additional person.	 Same as SSI, plus Second car if used by spouse to maintain employment Approved accounts to enhance independence or increase employment possibilities up to \$10,000. Resources owned by children. 	Same as SSI	 Meet disability criteria Eligible for SSI, except for earned income Working as defined in policy
Pickle (COLA)	\$674.00	\$1,011.00	Same as SSI Deduct all COLAs received since loss of SSI	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	Current recipient of SSA Previously entitled to SSA and SSI concurrently Lost SSI for any reason and would be SSI eligible with deductions of all COLAs received since loss of SSI
Disabled Adult Child (DAC)	\$674.00	\$1,011.00	Same as SSI Deduct DAC entitlement or increase that made them SSI ineligible	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	 Age 18 or older Became disabled or blind before age 22 Lost SSI due to DAC entitlement or DAC increase
Widows or Widowers (OBRA)	\$674.00	\$1,011.00	Same as SSI Deduct all SSA income	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	 Under age 65 Not entitled to Medicare Lost SSI due to entitlement of SSA Widows/Widowers benefits
TEFRA	\$2,022.00 (Only child's income is counted)		NA	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	 Medical necessity Children who would otherwise be institutionalized Custodial parent's with taxable income over \$25,000 must pay a premium based on income

^{*} This is a brief summary of eligibility requirements. Other factors will also enter into determining your eligibility for a program. Unless otherwise noted, all categories receive "full" Medicaid. Benefit packages are defined by the Department of Human Services, Division of Medical Services. This information was current at the time this summary was prepared but changes may have been made subsequently due to federal regulations, state laws, court decisions or other factors. DHS cannot be bound by any information in this reference chart that conflicts with current policy or program requirements.

Arkansas complete Medicaid Policy can be found at: http://www.accessarkansas.org/dhs/webpolicy/Index.htm
Additional information is available at: http://www.medicaid.state.ar.us/

For an application form, call 1-800-682-8970

Quick Reference

Medicaid Eligibility

Family Medicaid Categories

i ailiny incaicaia		Earned Income	Resource			
Program	Income Limit	Deductions	Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
ARKids A	Children under 6 133% of FPL Family Size	Deduct \$90 for work-related expenses Deduct actual childcare expenses up to cap.	No resource limit	NA	NA	Children under age 19
	Children 6 and over 100% of FPL Family Size Income 2 \$1,214.17 3 \$1,525.83 4 \$1,837.50 Add \$311.67 for each add'l member					
ARKids B Limited benefit package Co-pays required	200% of FPL Family Size Income 2 \$2,428.34 3 \$3,051.66 4 \$3,675.00 Add \$623.34 for each add'l member	NA	No resource limit	NA	NA	 Children under age 19 Children are not eligible if they currently have or have had group or employer-sponsored health insurance within the past 6 months, unless insurance lost involuntarily. Must choose a primary care physician
Pregnant Women (SOBRA) Prenatal, delivery, postpartum and medical conditions that could complicate pregnancy only. Coverage ceases at the end of the month that the 60 th day of postpartum falls.	Same as ARKids B The unborn child counts in the family size.	Same as ARKids A	1 \$2000 2 \$3000 3 \$3100 4 \$3200 \$100 increase for each additional person	 A home Household/personal goods Student loans and grants Other bona fide loans One burial plot per family member 	Cash on hand and in the bank (less income received that month) Stocks/bonds Accessible trust funds Cash surrender value of life insurance policies U.S. Savings Bonds Other Personal Property Equity value in excess of \$1500 is counted for one car; full equity value is counted for any other cars	Pregnant
AFDC Pregnant Women Full Medicaid	Same as TEA Medicaid	Same as ARKids A	\$1000 limit	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	Pregnant

Drawam	Income Limit	Incomo Dievonavdo	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Permirements
Family Planning Provides family planning services only	Same as ARKids B	Income Disregards Same as ARKids A	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	Same as Pregnant Women SOBRA	Other Requirements Limited to women of childbearing age Not certified in any other Medicaid category
TEA Medicaid A family does not have to receive TEA Cash Assistance to qualify for TEA Medicaid.	Family Size Income 1 \$ 81.00 2 162.00 3 204.00 4 247.00 5 286.00 6 331.00 7 373.00 8 415.00 9> 457.00	Applicants: 20% of gross earned income. Recipients: 60% of the amount after the 20% deduction	\$1000	A home One vehicle Household/personal goods Income-producing property Student loans and grants Tax refunds Life Insurance One burial plot per family member IDAs	Cash on hand and in bank (less income received that month) Stocks and bonds Accessible trusts U.S. Savings Bonds Proceeds from sale of house if new house not bought in 18 months Other personal property	 A person does not have to receive TEA cash to qualify Related child under age 18 in home. There must be an absent, disabled or unemployed parent Caretaker relative and child can both qualify.
Transitional Medicaid	No income test for the 1st 6 months. Thereafter, income must be less than 185% of FPL. Family Size Income 1 \$1,669.63 2 \$2,246.21 3 \$2,822.79 4 \$3,399.38 Add \$576.59 for each add'I member	Deduct actual childcare cost.	NA	NA	NA	Family must have received TEA Medicaid in 3 of the last 6 months Family must have lost TEA Medicaid due to earnings from employment
Spend Down (a) Pregnant Women (b) Under – 18 (U-18) (c) Unemployed Parent (d) AFDC	Family Size Income 1 \$108.33 2 \$216.66 3 \$275.00 4 \$333.33 Add \$58.33 for each add'I member Deduct outstanding medical bills if income exceeds limit for household size	Same as ARKids A	Same As SOBRA Pregnant Women	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	(a) Pregnant Women only (b) Under – 18. Children under 18 years only (c) Deprivation due to unemployment of parent (d) Deprivation due to absence, death or disability of parent
Under 18 (U-18)	See TEA Medicaid	Same as ARKids A	\$1000	Same as SOBRA Pregnant Women	Same as SOBRA Pregnant Women	Under 18 children only

This is a brief summary of eligibility requirements. Other factors will also enter into determining your eligibility for a program. Unless otherwise noted, all categories receive "full" Medicaid. Benefit packages are defined by the Department of Human Services, Division of Medical Services. This information was current at the time this summary was prepared but changes may have been made subsequently due to federal regulations, state laws, court decisions or other factors. DHS cannot be bound by any information in this reference chart that conflicts with current policy or program requirements.

Quick Reference

Medicaid Eligibility

Non-Family and Non-AABD Medicaid Categories

			Resource			
Program	Income Limit	Income Disregards	Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
Breast & Cervical Cancer	200% of FPL Family Size Income 1 \$1,805.00 2 \$2,428.34 3 \$3,051.66 4 \$3,675.00 Add \$623.34 for each add'l member	None – Gross test	None	N/A	N/A	Screened for breast or cervical cancer through BreastCare (1-877-670-CARE). Must not have creditable insurance coverage. Not eligible in any other Medicaid category. Under 65 Must apply through ADH BreastCare program (1-877-670-CARE).
Tuberculosis	\$1,805.00	Income of a spouse is disregarded.	None	N/A	N/A	Application is made through the local Health Department. The individual must have a positive TB infection diagnosis as confirmed by certain tests or a suspicion of TB infection in his or her diagnosis.

^{*} This is a brief summary of eligibility requirements. Other factors will also enter into determining your eligibility for a program. Unless otherwise noted, all categories receive "full" Medicaid. Benefit packages are defined by the Department of Human Services, Division of Medical Services. This information was current at the time this summary was prepared but changes may have been made subsequently due to federal regulations, state laws, court decisions or other factors. DHS cannot be bound by any information in this reference chart that conflicts with current policy or program requirements.

Arkansas complete Medicaid Policy can be found at: http://www.accessarkansas.org/dhs/webpolicy/Index.htm
Additional information is available at: http://www.medicaid.state.ar.us/

For an application form, call 1-800-682-8970